Oil Severance Tax

Page _____ of ____ File original of this return only.

Louisiana Department of Revenue

MONTHLY INCAPABLE AND STRIPPER OIL WELL REPORT

Louisiana Department of Revenue P.O. Box 201 Baton Rouge, LA 70821-0201

PLEASE PRINT OR TYPE.

Reporting company address (including ZIP code)									Reporting Co	mpany Nu	Taxab	Taxable Period	
Field name Producer name Lease and well name	Cert.	Conservation well serial no.	Cont. status code	Parish code	Conse Field Producer		rvation codes Lease Well no		Production (barrels)	No. of Average prod daily prod. days		Disposition (barrels)	Taxpa numb